



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: October 21, 2015

Ms. Dolores L. Smith Sharer, Owner
Smith's Personal Care Home
47 Front Street, P.O. Box 65
Wyalusing, Pennsylvania 18853

RE: Smith's Personal Care Home
License # 238780

Dear Ms. Smith Sharer:

As a result of the Department of Human Services' licensing inspection on July 16, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 23878 - 07/16/2015 - O'Haire, Anne
PCH Name: SMITH'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 08-14-15 Resident #1 slapped Resident #2 as a result of a verbal altercation. Resident #1 was unprovoked and initiated the physical altercation in this incident. Resident #1 has a history of being argumentative with others. Resident #1 was not treated with dignity and respect.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 has not had a history of any altercations at Smith's Personal Care Home before.

will put a sign on bathrooms that says, "if door is closed do not open". Staff will make sure residents are obeying the sign.

Administrators [redacted] and Chelsie Calaman will oversee this is being followed.

The administrator shall monitor and assure that all residents are being treated with dignity and respect. The administrator is responsible ongoing.

Repeat Violation: No Date(s) of Previous Violation(s): 10/19/15

Signature of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Asst. Adm. Date 10/15/15

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The above plan of correction is approved as of 10/19/15 (Date)

Plan of correction implementation status as of 10/19/15 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented